

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

NOTE: Return completed forms to the address above.

HAZARDOUS WASTE PROGRAM

NOTIFICATION OF REGULATED WASTE ACTIVITY

C. Installation's EPA ID Number

A. First Notification

☒ B. Subsequent Notification
(complete item C)

MOD0006299200

II. Name of Installation (Include company and specific site name,

SPORLAN VALVE COMPANY

III. Location of Installation (Physical address not P.O. Box or Route Number,

Street

611 EAST 7TH STREET

Street (Continued)

City or Town

WASHINGTON

State

ZIP Code

MO 63090

County Code

County Name

FRANKLIN

IV. Installation Mailing Address (See Instructions),

Street or P.O. Box

PO BOX 205

City or Town

WASHINGTON

State

ZIP Code

MO 63090

V. Installation Contact (Person to be contacted regarding waste activities at site,

Name (last)

KIEWITT

(first)

DUANE

Job Title

ENGINEER

Phone Number (area code and number)

314-239-3732

VI. Installation Contact Address (See Instructions),

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions),

A. Name of Installation's Legal Owner

SPORLAN VALVE COMPANY

Street, P.O. Box, or Route Number

206 LANGE DRIVE

City or Town

WASHINGTON

State

ZIP Code

MO 63090

Phone Number (area code and number)

314-239-1111

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year



RCRA Records Center
R00007277

ID — For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities****1. Generator (See Instructions)**

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.**4. Hazardous Waste Fuel**

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control**1. Off-Specification Used Oil Fuel**

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -

Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification**IX. Description of Regulated Wastes (Use Additional sheets if necessary)****A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)****1. Ignitable (D001)****2. Corrosive (D002)****3. Reactive (D003)****4. Toxicity Characteristic (D000)**

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

☒☐☐☐

D006

D007

D008

D040

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
F001
7

2
F002
8

3
F003
9

4
F006
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

James T. Eckelkamp

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

JAMES T. ECKELKAMP MANUFACTURING MGR.

DATE SIGNED

6-16-95

XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

001911

S.I.C. CODE

3494

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

Manufacture Refrigeration Valves

XII. Comments

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.